

One Utah Center
201 South Main Street, Suite 2000
Salt Lake City, Utah 84140-0020
(801) 220-4616 • FAX (801) 220-4725



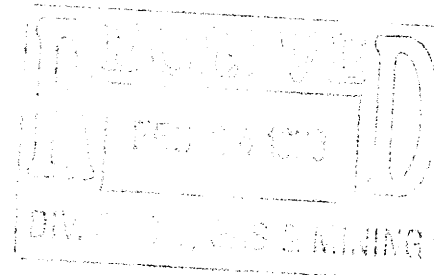
A Subsidiary of PacifiCorp

HAND DELIVERED

February 24, 1999

Ms. Pamela Grubaugh-Littig
Permit Coordinator
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

Copy ACT/015/009 #4
ACT/015/017 #4
ACT/015/018 #4
ACT/015/019 #4



RE: Original Certificates of Liability Insurance (ACORD Form), Policy No. XO296A1A99, Policy Period from 2-24-99 to 2-24-2000; Des-Bee-Dove Mine ACT/015/017, Deer Creek Mine ACT/015/018, Cottonwood Mine ACT/015/019 and the Trail Mountain Mine ACT/015/009, Folder #2, Emery County, Utah

Dear Pam:

Enclosed are the original certificates of liability insurance for the referenced coal mine operations for the policy period 2-24-99 to 2-24-2000. Copies of these same certificates have been sent to our mine offices located in Huntington, Utah.

The enclosed certificates (on DOGM form Exhibit "C", the ACORD and AEGIS forms) for each mine are replacement pages for Exhibit "C" in the Reclamation Agreements for each mine.

Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child
Property Management Administrator

Enclosures

SMC\EWEST\UDOGM9901.wpd

cc: D.W. Jense - OUC 2000 w/o copy encl.
Blake Webster - OUC 2000 w/copy encl.
Keith Sinsel, Chuck Semborski - EWEST w/copy encl.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
0007002-00009

PRODUCER

Marsh USA Inc.
111 S.W. Columbia
Portland, OR 97201

Darryl W. Hill

(503) 248-4885

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A ASSOC ELEC & GAS INS SVCS LTD

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

PacifiCorp dba Pacific Power
& Light and dba Utah Power
& Light
825 NE Multnomah, #1770
Portland, OR 97232

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	X0296A1A99	2/24/99	4/01/00	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	X0296A1A99	2/24/99	4/01/00	EACH OCCURRENCE \$ 35,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 35,000,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

DAMAGE DUE TO EXPLOSIVES IS COVERED. INSURANCE COMPANY WILL NOTIFY THE STATE OF UTAH OF CHANGES OR CANCELLATION - TRAIL MOUNTAIN MINE ACT/015/009

CERTIFICATE HOLDER

State of Utah, Dept. of
Natural Resources, Division of
356 W North Temple
Salt Lake City, UT 84180-1203

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 45 * DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

Sandra H. Plonk

JHMM1 (2/98)

VALID AS OF: 2/10/00

(* 10 DAYS FOR NON-PAYMENT)